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such as HOT Funds are considered
Public Records under the Texas Public
Information Record Act.

This is a sample of the records only.

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning , 2006, and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization
 HUNTSVILLE WALKER CO. CHAMBER OF COMMERCE
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
 P.O. BOX 538
 City, town or country State ZIP code + 4
 HUNTSVILLE TX 77342-0538

D Employer identification number
 74-0702260

E Telephone number
 (936) 295-8113

F Accounting method:
☐ Cash ☒ Accrual
☐ Other (specify):

G Web site: N/A

J Organization type (check only):
☒ 501(c) 6 (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 486,035.

H and **I** are not applicable to section 527 organizations.
H (a) Is this a group return for affiliates? ☐ Yes ☒ No
H (b) If Yes, enter number of affiliates:
H (c) Are all affiliates included? ☐ Yes ☒ No
 (If 'No,' attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number:
M Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b	3,000.	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d		
e Total (add lines 1a through 1d) (cash \$ 3,000. noncash \$)			1e 3,000.
2 Program service revenue including government fees and contracts (from Part VII, line 93)			2 172,295.
3 Membership dues and assessments			3 190,660.
4 Interest on savings and temporary cash investments			4 15.
5 Dividends and interest from securities			5
6a Gross rents	6a		
b Less rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a			6c
7 Other investment income (describe)			7
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			8d
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	120,065.	
b Less direct expenses other than fundraising expenses	9b	41,620.	
c Net income or (loss) from special events. Subtract line 9b from line 9a		See L-9 Stmt	9c 78,445.
10a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
11 Other revenue (from Part VII, line 103)			11
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 444,415.
13 Program services (from line 44, column (B))			13 441,409.
14 Management and general (from line 44, column (C))			14
15 Fundraising (from line 44, column (D))			15
16 Payments to affiliates (attach schedule)			16
17 Total expenses. Add lines 16 and 44, column (A)			17 441,409.
18 Excess or (deficit) for the year. Subtract line 17 from line 12			18 3,006.
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 130,918.
20 Other changes in net assets or fund balances (attach explanation)			20
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 133,924.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 01/18/07 Form 990 (2006)

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 5b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (all sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a 82,009.	82,009.		
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 106,818.	106,818.		
27 Pension plan contributions not included on lines 25a, b, and c	27 9,009.	9,009.		
28 Employee benefits not included on lines 25a - 27	28 21,603.	21,603.		
29 Payroll taxes	29 16,521.	16,521.		
30 Professional fundraising fees	30			
31 Accounting fees	31 6,075.	6,075.		
32 Legal fees	32			
33 Supplies	33 2,507.	2,507.		
34 Telephone	34 8,002.	8,002.		
35 Postage and shipping	35 4,200.	4,200.		
36 Occupancy	36 24,968.	24,968.		
37 Equipment rental and maintenance	37 9,964.	9,964.		
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40 9,570.	9,570.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 16,105.	16,105.		
43 Other expenses not covered above (itemize)				
a ADVERTISING	43a 2,319.	2,319.		
b ANNUAL REPORT	43b 380.	380.		
c APPRECIATION	43c 513.	513.		
d AUTOMOBILE EXPENSE	43d 13,796.	13,796.		
e BANK CHARGES	43e 462.	462.		
f BOARD ACTIVITIES	43f 2,582.	2,582.		
g See Other Expenses Siml	43g 104,006.	104,006.		
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 441,409.	441,409.		

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services

\$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **CHAMBER OF COMMERCE**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a LEADERSHIP TRAINING, ECONOMIC DEVELOPMENT, TOURISM

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐

441,409.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

441,409.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	29,292.	45	11,765.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	24,316.		
	b Less allowance for doubtful accounts		47c	24,316.
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	3,144.	52	95.
	53 Prepaid expenses and deferred charges	500.	53	483.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55a Investments — land, buildings, & equipment basis				
b Less accumulated depreciation (attach schedule)		55c		
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	532,832.			
b Less accumulated depreciation (attach schedule) L-57 Stmt	386,086.	141,138.	57c	146,746.
58 Other assets, including program-related investments (describe ▶ _____)		58		
59 Total assets (must equal line 74) Add lines 45 through 58		185,584.	59	183,405.
LIABILITIES	60 Accounts payable and accrued expenses	22,959.	60	23,493.
	61 Grants payable		61	
	62 Deferred revenue	31,707.	62	25,988.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
	66 Total liabilities. Add lines 60 through 65		54,666.	66
FUNDS OR OTHER REPORTABLE ASSETS	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	130,918.	67	133,924.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		130,918.	73	133,924.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		185,584.	74	183,405.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	486,035.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <u>SPECIAL EVENTS EXPENSES</u>	b4	41,620.
	Add lines b1 through b4	b	41,620.
c	Subtract line b from line a	c	444,415.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	444,415.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	483,029.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <u>SPECIAL EVENTS EXPENSES</u>	b4	41,620.
	Add lines b1 through b4	b	41,620.
c	Subtract line b from line a	c	441,409.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	441,409.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
DONNA STORY HUNTSVILLE, TX	CHAIRMAN 1	0.	0.	0.
BILL GREEN HUNTSVILLE, TX	TREASURER 1	0.	0.	0.
FRANK ROBERTS HUNTSVILLE, TX	VICE CHAIRMAN 1	0.	0.	0.
TISH HUMPHREY HUNTSVILLE, TX	VICE CHAIRMAN 1	0.	0.	0.
PAM MARKHAM HUNTSVILLE, TX	VICE CHAIRMAN 1	0.	0.	0.
See List of Officers, Etc. Statement				

Yes	No
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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75b	X
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75c	X
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75d	X
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Yes	No
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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76	X
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77	X
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78a	X
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78b	X
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79	X
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80a	X
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81 a

B1b	X
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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b			
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85 c	N/A
d	Section 162(e) lobbying and political expenditures	85 d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	X
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87 a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88 a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b	N/A
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	X
90 a	List the states with which a copy of this return is filed		
	TEXAS		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90 b	12
91 a	The books are in care of DEE MCFARLAND Telephone number (936) 295-8113		
	Located at 1327 11TH ST, HUNTSVILLE TX ZIP + 4 77340		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	91 b	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

BAA

Form 990 (2006)

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2006 calendar year, or tax year beginning , 2006, and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization
HUNTSVILLE WALKER CO. CHAMBER OF COMMERCE
 Number and street for P.O. box if mail is not delivered to street address Room/suite
P.O. BOX 538
 City, town or country State ZIP code + 4
HUNTSVILLE TX 77342-0538

D Employer Identification Number
74-0702260

E Telephone number
(936) 295-8113

F Accounting method:
☐ Cash ☒ Accrual
☐ Other (specify) _____

G Web site: **N/A**

H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates? ☐ Yes ☒ No
H (b) If Yes, enter number of affiliates: _____
H (c) Are all affiliates included? ☐ Yes ☒ No
 (If "No," attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number: _____

J Organization type (check only one): ☒ 501(c) 6 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **486,035.**

M Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b	3,000.	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d		
e Total (add lines 1a through 1d) (cash \$ 3,000. noncash \$)			1e 3,000.
2 Program service revenue including government fees and contracts (from Part VII, line 93)			2 172,295.
3 Membership dues and assessments			3 190,660.
4 Interest on savings and temporary cash investments			4 15.
5 Dividends and interest from securities			5
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a			6c
7 Other investment income (describe _____)			7
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			8d
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	120,065.	
b Less: direct expenses other than fundraising expenses	9b	41,620.	
c Net income or (loss) from special events. Subtract line 9b from line 9a		See L-9 Stmt	9c 78,445.
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
11 Other revenue (from Part VII, line 103)			11
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 444,415.
13 Program services (from line 44, column (B))			13 441,409.
14 Management and general (from line 44, column (C))			14
15 Fundraising (from line 44, column (D))			15
16 Payments to affiliates (attach schedule)			16
17 Total expenses. Add lines 16 and 44, column (A)			17 441,409.
18 Excess or (deficit) for the year. Subtract line 17 from line 12			18 3,006.
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 130,918.
20 Other changes in net assets or fund balances (attach explanation)			20
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 133,924.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 01/18/07

Form 990 (2006)

SCANNED JUL 23 2007

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JUN 15 2007

OGDEN, UT

22

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (all sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a 82,009.	25a 82,009.		
25b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b			
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 106,818.	26 106,818.		
27 Pension plan contributions not included on lines 25a, b, and c	27 9,009.	27 9,009.		
28 Employee benefits not included on lines 25a - 27	28 21,603.	28 21,603.		
29 Payroll taxes	29 16,521.	29 16,521.		
30 Professional fundraising fees	30			
31 Accounting fees	31 6,075.	31 6,075.		
32 Legal fees	32			
33 Supplies	33 2,507.	33 2,507.		
34 Telephone	34 8,002.	34 8,002.		
35 Postage and shipping	35 4,200.	35 4,200.		
36 Occupancy	36 24,968.	36 24,968.		
37 Equipment rental and maintenance	37 9,964.	37 9,964.		
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40 9,570.	40 9,570.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 16,105.	42 16,105.		
43 Other expenses not covered above (itemize)				
a ADVERTISING	43a 2,319.	43a 2,319.		
b ANNUAL REPORT	43b 380.	43b 380.		
c APPRECIATION	43c 513.	43c 513.		
d AUTOMOBILE EXPENSE	43d 13,796.	43d 13,796.		
e BANK CHARGES	43e 462.	43e 462.		
f BOARD ACTIVITIES	43f 2,582.	43f 2,582.		
g See Other Expenses Stmt	43g 104,006.	43g 104,006.		
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 441,409.	44 441,409.		

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services

\$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated

to Fundraising \$ _____

BAA

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Form 990 (2006)

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **CHAMBER OF COMMERCE**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a LEADERSHIP TRAINING, ECONOMIC DEVELOPMENT, TOURISM

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐

441,409.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

441,409.

BAA

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	29,292.	45	11,765.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 24,316.		
	b Less: allowance for doubtful accounts	47b	11,510.	47c 24,316.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	3,144.	52	95.
	53 Prepaid expenses and deferred charges	500.	53	483.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55a Investments — land, buildings, & equipment basis	55a			
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 532,832.			
b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 386,086.	141,138.	57c	146,746.
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		185,584.	59	183,405.
LIABILITIES	60 Accounts payable and accrued expenses	22,959.	60	23,493.
	61 Grants payable		61	
	62 Deferred revenue	31,707.	62	25,988.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
	66 Total liabilities. Add lines 60 through 65		54,666.	66
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	130,918.	67	133,924.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	130,918.	73	133,924.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	185,584.	74	183,405.

BAA

Form 990 (2006)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	486,035.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <u>SPECIAL EVENTS EXPENSES</u>	b4	41,620.
	Add lines b1 through b4	b	41,620.
c	Subtract line b from line a	c	444,415.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	444,415.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	483,029.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <u>SPECIAL EVENTS EXPENSES</u>	b4	41,620.
	Add lines b1 through b4	b	41,620.
c	Subtract line b from line a	c	441,409.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	441,409.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
DONNA STORY HUNTSVILLE, TX	CHAIRMAN 1	0.	0.	0.
BILL GREEN HUNTSVILLE, TX	TREASURER 1	0.	0.	0.
FRANK ROBERTS HUNTSVILLE, TX	VICE CHAIRMAN 1	0.	0.	0.
TISH HUMPHREY HUNTSVILLE, TX	VICE CHAIRMAN 1	0.	0.	0.
PAM MARKHAM HUNTSVILLE, TX	VICE CHAIRMAN 1	0.	0.	0.
See List of Officers, Etc. Statement				

Yes	No
-----	----

	YES	NO
_____	_____	_____

75b	X
-----	---

75c	X
-----	---

--	--	--

75d	X
-----	---

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

--	--	--	--

76	X
----	---

77		X
----	--	---

--	--	--

78a	X
-----	---

78b		X
-----	--	---

79	X
----	---

80 a	X
------	---

11

81 a

B1b	X
-----	---

Part VI Other information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a		X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83 b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	X	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85 c	N/A	
d Section 162(e) lobbying and political expenditures	85 d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g		X
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h		X
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87 a	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A	
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88 a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.	88 b		X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89 b	N/A	
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e		X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g		X
90 a List the states with which a copy of this return is filed <input type="checkbox"/> TEXAS <input type="checkbox"/>			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90 b	12	
91 a The books are in care of <input type="checkbox"/> DEE MCFARLAND <input type="checkbox"/> Telephone number <input type="checkbox"/> (936) 295-8113			
Located at <input type="checkbox"/> 1327 11TH ST, HUNTSVILLE TX <input type="checkbox"/> ZIP + 4 <input type="checkbox"/> 77340			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91 b		
If 'Yes,' enter the name of the foreign country <input type="checkbox"/>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

BAA

Form 990 (2006)

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes	No

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a MEMBERSHIP DEVELOP					2,840.
b NEWSLETTER					6,150.
c SERVICE REVENUE					3,333.
d BUSINESS DEVELOPMENT					53,337.
e See Program Service Revenue Stmt					16,395.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					90,240.
94 Membership dues and assessments					190,660.
95 Interest on savings & temporary cash invmnts			14	15.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			03		78,445.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				15.	441,400.
105 Total (add line 104, columns (B), (D), and (E))					441,415.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	ACTIVITIES PROMOTE LOCAL BUSINESS AND SUPPORT MEMBERS.
94	MEMBERSHIP DUES ARE A PRIMARY SOURCE OF INCOME.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest
	%
	%
	%
	%

Part X Information Regarding Transfers Associated with

a Did the organization, during the year, receive any funds, directly or indirectly, to pay

b Did the organization, during the year, pay premiums, directly or indirectly

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions.)

BAA

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Dee McFarland Date: 10-11-07

Type or print name and title: Dee McFarland

Paid Preparer's Use Only

Preparer's signature: KENNETH C. DAVIS, C.P.A. Date: 06/05/07

Firm's name (or yours if self-employed), address, and ZIP + 4: KENNETH C. DAVIS & COMPANY, P.C.
P.O. BOX 6308
HUNTSVILLE TX 77342

Check if self-employed: ☐

Preparer's SSN or PTIN (See General Instruction V): (936) 291-3020

EIN:

Phone no: (936) 291-3020

BAA

Form 990 (2006)

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2006Attachment
Sequence No **67**

Name(s) shown on return

HUNTSVILLE WALKER CO. CHAMBER OF COMMERCE

Identifying number

74-0702260

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,105.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	0.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	16,105.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

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Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If 'Yes,' is the evidence written?		Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25			
26 Property used more than 50% in a qualified business use										
27 Property used 50% or less in a qualified business use										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29		

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions)					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BUSINESS AFTER HOURS	19.	19.		
BUSINESS DEVELOPMENT	35,143.	35,143.		
BUSINESS ED ALLIANCE	329.	329.		
CHAIRMAN ACTIVITIES	336.	336.		
COMMUNICATIONS	254.	254.		
COMPUTER EXPENSE	3,605.	3,605.		
DUES/SUBSCRIPTIONS	4,093.	4,093.		
ECONOMIC DEVELOPMENT	260.	260.		
EXISTING BUSINESS	3,327.	3,327.		
GENERAL OFFICE	3,859.	3,859.		
INSURANCE	11,292.	11,292.		
KATRINA EXPENSE	3,000.	3,000.		
LEADERSHIP INSTITUTE	11,071.	11,071.		
LEADERSHIP LUNCHEON	1,050.	1,050.		
MEMBERSHIP DIRECTORY	1,442.	1,442.		
MEMBERSHIP RECRUITMENT	2,046.	2,046.		
MEMBERSHIP RETENTION	6,505.	6,505.		
MISCELLANEOUS	2,537.	2,537.		
NEWSLETTER/PUBLIC RELATIONS	2,719.	2,719.		
OFFICE EXPENSES	7,572.	7,572.		
PARK COMPLEX	2,500.	2,500.		
RESOURCES/VOICES	1,047.	1,047.		
UNCOLLECTIBLE MEMBERSHIPS	0.	0.		
Total	104,006.	104,006.		

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
DR. CURTIS MONTGOMERY HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
DALE WRIGHT HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
DANNY SLATER HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
DEE MCFARLAND HUNTSVILLE, TX	PRESIDENT			
	40	68,580.	3,429.	10,000.
BRUCE HAY HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JASON BURNETT HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
KIM VAN WAGNER HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
BILL MIZELL HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
KEVIN HAYES HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
JACKI DAWSON HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
WILL DURHAM HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
RONNIE BRAME HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
JIM SIMS HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.

Form 990, Page 8, Part VII, Line 93

Program Service Revenue Stmt

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
Program service revenue					
LEADERSHIP INSTITUTE					16,395.
MISCELLANEOUS					

Total

16,395.

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
FAIR ON THE SQUARE	59,716.	0.	59,716.	18,851.	40,865.
ANNUAL MEETING	43,808.	0.	43,808.	15,588.	28,220.
NIGHT GOLF	16,541.	0.	16,541.	7,181.	9,360.
Total	<u>120,065.</u>	<u>0.</u>	<u>120,065.</u>	<u>41,620.</u>	<u>78,445.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
FURNITURE & FIXTURES	60,206.	60,206.	0.
OFFICE EQUIPMENT	111,972.	111,972.	0.
BUILDING & IMPROVEMENTS	335,541.	213,908.	121,633.
LAND	25,113.	0.	25,113.
Total	<u>532,832.</u>	<u>386,086.</u>	<u>146,746.</u>